Single dose penicillin therapy

TO THE EDITOR, British Journal of Venereal Diseases

SIR—Wright (1975) made the important observation that 5 m.u. benzyl penicillin given intramuscularly with 1 g. probenecid to treat rectal gonococcal infection failed to suppress syphilis. Earlier, Hallinger (1968) expressed concern about the possibility of a long masking period of late incubating syphilis after this treatment schedule for gonorrhoea, and considered that 6 months' surveillance was necessary for patients thus treated. For this and other reasons, Arya and Bosa (1973) did not favour this schedule for the treatment of gonorrhoea in areas where syphilis was also common and facilities for surveillance either inadequate or non-existent. Equally effective schedules using probenecid and parenteral procaine penicillin with the added advantage of the likelihood of aborting incubating syphilis and interrupting transmission are now available and are hence to be preferred in such areas. Personal observations in one such area based on treating several hundred gonorrhoea patients with 3 m.u. procaine penicillin and 1 g. probenecid followed-up

clinically and serologically for 3 to 6 months or longer did not result in any evidence to the contrary. Increasing the penicillin dose to 4.8 m.u. (and 1 g. probenecid) would certainly add to the safety margin. This latter schedule currently recommended by the Communicable Diseases Center, Atlanta, USA, (1974) omitting the follow-up serological tests for syphilis certainly appears to be based on sound evidence.

In conclusion, sir, the duration of penicillinaemia is important even in the case of incubating syphilis.

Yours faithfully,

O. P. ARYA

LIVERPOOL ROYAL INFIRMARY PEMBROKE PLACE LIVERPOOL L3 5PU February 8, 1976

References

ARYA, O P., and Bosa, C. B. (1973) Brit. J. vener. Dis., 49, 460 HALLINGER, L. (1968) Acta derm.-venereol. (Stockh.), 48, 260 Journal of the American Venereal Disease Association (1974) 'Gonorrhoea-Recommended Treatment Schedule, 1974, 1, 67

Book review

Year Book of Dermatology, 1975. Ed. F. D. MALKINSON and R. W. PEARSON. 1975. Pp. 437, 43 figs., index. Lloyd-Luke, London (£11.30)

This is the 75th anniversary of the first publication of the Year Book series, that of Dermatology being founded in 1902. Until 1914, dermatology was included in the Year Book of Nervous and Mental Diseases, with a section on Skin and Venereal Disease. From that year until 1930, syphilis and general clinical dermatology continued to dominate the year book. Today, the chapter on Venereal Diseases occupies six pages out of a total of 411, though odd sections here and there on Reiter's disease, genital herpes, metastatic gonorrhoea, and the erythroplasia of Queyrat, for example, might just about treble the space involved. Nor is there anything strikingly new in these sections, though the suggestion that the erythroplasia of Queyrat might be successfully treated with topically administered fluorouracil is of interest and worthy of further investigation. From reading this book one can well understand how easily venereology may be neglected by some practising dermatologists, and there could be no better argument for the complete separation of the two specialties where it does not already exist.

That said, the book is of great interest. It is split up

into many different sections. The first on the Porphyrias' is excellent, giving a comprehensive and readable account of the subject from the research, general medical, and dermatological angles.

There is a section on Psoriasis, surprisingly short in view of its importance, which deals with the probable significance of HL-A antigens. The final section of all on Acne is indicative of the small volume of research carried out on this most troublesome and annoying condition.

Throughout the book there are frequent editorial annotations which place the content matter in perspective and are of particular help to the non-specialist. For the most part, the references are ample and the index satisfactory. The book is well produced with an attractive cover and the rather few illustrations in black and white are of reasonable quality. The price of £11.30 is horrific and no doubt the result of rampant inflation.

It is a book that should be owned by all dermatologists and dermato-venereologists, but a library copy should suffice for the straightforward genito-urinary physician, who should certainly, however, be acquainted with its contents and for whom it would be a useful reference guide in dermatology.